

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000048261

1. Entity Name
COMPSCRIPT, INC.



Principal Place of Business
**100 EAST RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011 US**

Mailing Address
**100 EAST RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011 US**



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0506539

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEST, DAVID
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY- ST- ZIP	COVINGTON, KY 41011
TITLE	TD
NAME	ABBOTT, BRADLEY S
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY- ST- ZIP	COVINGTON, KY 41011
TITLE	SD
NAME	ROBBINS, REGIS T
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE. 1600
CITY- ST- ZIP	COVINGTON, KY 41011
TITLE	AT
NAME	MARSH, THOMAS
STREET ADDRESS	100 E RIVERCENTER BLVD STE 1500
CITY- ST- ZIP	COVINGTON, KY 41011
TITLE	D
NAME	FINN, TRACEY L
STREET ADDRESS	1000 HATCH STREET
CITY- ST- ZIP	CINCINNATI, OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000356101
05/04/05-80022-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bradley S. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2005 859-392-3347
Date Daytime Phone #